Health Professions Appeal and Review Board

Health Services Appeal and Review Board

Ontario Hepatitis C Assistance Plan Review Committee

Commission d'appel et de révision des professions de santé

Commission d'appel et de révision des services de santé

Comité de révision du Programme ontarien d'aide aux victimes de l'hépatite C

Ontario

ANNUAL REPORT

2015-2016

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Ontario

June 30, 2016

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Minister's Office
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister:

RE: Health Professions Appeal and Review Board, Health Services Appeal and Review Board and the Ontario Hepatitis C Assistance Plan Review Committee Annual Reports

On behalf of the Health Professions and Health Services Appeal and Review Boards and the Ontario Hepatitis C Assistance Plan Review Committee, it is my pleasure to submit our Annual Report for the fiscal year of 2015-2016.

The Boards and Committee remain committed to the initiatives outlined in the report and to ensuring a high quality and sustainable service for the Ontario public.

Yours sincerely,

Janice Vauthier
Chair
Health Professions Appeal and Review Board
Health Services Appeal and Review Board
Ontario Hepatitis C Assistance Plan Review Committee

c: Sara van der Vliet
Senior Manager, Health Boards Secretariat
Registrar, Health Professions and Health Services Appeal and Review Boards, Ontario Hepatitis C Assistance Plan Review Committee

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June 30, 2016

Janice Vauthier
Chair
Health Professions and Health Services Appeal and Review Boards
Ontario Hepatitis C Assistance Plan Review Committee
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Dear Ms. Vauthier:

I am pleased to report to you on behalf of the Health Boards Secretariat. The Health Boards Secretariat (Secretariat) provides comprehensive administrative, corporate, fiscal and case management support to the Health Professions Appeal and Review Board, the Health Services Appeal and Review Board and the Ontario Hepatitis C Assistance Plan Review Committee (the Health Boards). In addition, the Secretariat provides a similar support function to other adjudicative agencies as well as payment processing functions for other health-related services.

During the past year, the Secretariat has continued to provide high quality bilingual service to the Ontario public and parties who come before the Health Boards. The Secretariat continues to streamline its processes in order to coordinate matters efficiently while allocating funds responsibly. This has resulted in matters continuing to be adjudicated throughout the province and through a variety of methods (in person, by phone or in writing) taking into account party needs and encompassing a wider picture of Health Boards upcoming activity. The majority of matters before the Health Boards continue to be resolved in less than one year; a reflection of the knowledgeable and informative service provided to the public by Health Boards' membership and Secretariat staff.

Continued dialogue with the Chairs of the adjudicative agencies supported by the Secretariat ensures resources can be tailored to each agency's caseload requirements and better support changing workflows within each Board. The Health Boards continue to utilize the majority of the Secretariat's financial and staffing resources and provides continuous opportunities for determining best practices as it relates to adjudication, implementation of legislative changes and optimizing educational resources.

As in previous years, funding is allocated to the Secretariat from the Consolidated Revenue Fund. There are some limitations in detailing expenditures as they relate specifically to the agencies supported by the Secretariat. You will note that expenditures such as staff salaries and facilities are not included in the financial data on pages 17, 23 and 24 as it would be arbitrary to determine what portion of cost should be attributed to the Health Professions or the Health Services Appeal and Review Boards or the Ontario Hepatitis C Assistance Plan Review Committee alone. These shared costs are incorporated in the fiscal planning cycle by the Secretariat and are reported to the Ministry of Health and Long-Term Care ("the ministry").

Health Boards' expenditure has increased this year, in large part due to an increase in overall Health Boards' intake and activity. Such increases in expenditure are often offset by the efficiencies gained with experienced staff and members, as well as more streamlined processes and more strategic use of technology to support case management operations, such as the provision of electronic materials to board members, rather than couriered hard copies. The increase in caseload in one Board can often be offset by a decrease in caseload of the other Board, allowing the Secretariat flexibility in resource allocation and ensuring strong controllership of the Health Boards and their members to ensure responsible expenditure while enabling access to justice.

I am pleased to share the achievements of the Health Boards with you and trust that the information related to the Health Professions and Health Services Appeal and Review Boards, and the Ontario Hepatitis C Assistance Plan Review Committee is of assistance to you.

Yours truly,

Sara van der Vliet
Senior Manager, Health Boards Secretariat
Registrar, Health Professions and Health Services Appeal and Review Boards, Ontario Hepatitis C Assistance Plan Review Committee

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A. MESSAGE FROM THE CHAIR

As Chair of the Health Professions Appeal and Review Board (HPARB), the Health Services Appeal and Review Board (HSARB) and the Ontario Hepatitis C Assistance Plan Review Committee (the Health Boards), it is my pleasure to report on the activity of the Health Boards for the period of 2015-2016.

While the Report sets out a number of achievements, I wish to highlight accomplishments in four areas –Access to services, service delivery, fiscal responsibility, and stakeholder outreach:

1. **Access to Services:** Parties have the ability to access and participate in the Health Boards' adjudicative services in writing, by telephone and through attendance in person at the Health Boards' office in Toronto and other major centres within the province in the official language of their choice. Parties and the public can familiarize themselves with the jurisdiction of the Boards by viewing the Health Boards' websites and reviewing previously issued Board decisions on the Canadian Legal Information Institute (CanLII) website at www.canlii.org. Health Boards' staff are available to assist the public and parties in person, by phone and by mail or email during regular business hours and there is no fee charged to initiate an appeal with the Health Boards or for the provision of language interpretation (when required). These services aim to reduce barriers to access to justice and ensure that parties are well aware of the Health Boards' available services.

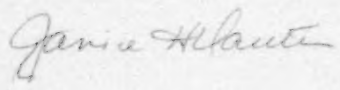
2. **Service Delivery:** The Health Boards are committed to providing timely, accessible and informed service delivery to the Ontario public. To meet this commitment the Health Boards strive to resolve matters brought before the Boards within one year and have achieved this goal in over 80% of the matters received within the last fiscal year. The Board ensures open lines of communication with those requiring accessibility accommodations and ensures regular member and staff training related to ethical and conflict of interest obligations, facilitation and customer service skills and changes legislation affecting the Health Boards jurisdiction. The Health Boards regularly update the individual HPARB and HSARB websites with important information regarding Board practices as well as the plain language information sheets available to the public outlining the adjudicative process for the three most frequently adjudicated types of matters. These three types of matters include appeals of decisions made by the General Manager of the Ontario Health Insurance Plan (OHIP), decisions of the Inquiries, Complaints and Reports Committees of the province's regulatory health colleges and decisions of the registration committees of those regulatory health colleges which determine the practice privileges of health care providers in the province.

3. **Fiscal Responsibility:** Although financial expenditures have increased during the past fiscal year for both the HPARB and HSARB, cost savings have been realized in areas unique to each Board. The costs associated with the disclosure of the College's Records of Investigation for complaint review proceedings has decreased over the past fiscal year in comparison to the fiscal year 2014-2015 although intake of complaint review requests have increased. These cost savings can be attributed to a knowledgeable and experienced disclosure team which conducts regular internal reviews in order to best utilize technology and improve efficiency. Costs associated with HSARB decision writing experienced a decline of 21% when compared to the fiscal year of 2014-2015 although the number of decisions issued by the Board increased by 39%. These costs savings can be attributed to a membership well versed in the legislated jurisdiction of the Board and actively utilizing the decision writing resources shared at trainings and available electronically to the membership.

4. **Stakeholder Outreach:** The Health Boards perform an important service in the provision of healthcare in Ontario. In order to adjudicate disputes in a fair and timely manner, the Health Boards rely on the parties, some of whom are individuals, or provincial health care regulators and service providers, to provide the Boards with the relevant documentation in order for an informed decision to be reached. The Health Boards are committed to ongoing communications with these stakeholders in support of the Boards' mandates and to provide information related to best practices and policy changes. In the past fiscal year, this outreach has included stakeholders of the HPARB and HSARB as well as the Federation of Health Regulatory Colleges of Ontario (FHRCO). Public feedback is welcomed and regularly received through a public comments area on the Health Boards' websites as well as regular communication between the Health Boards' staff and parties, or their agents who are involved in matters before the Boards.

The Health Boards' achievements in this year's report highlight the commitment, skill and professionalism of the members of the Health Boards and the staff of the Health Boards Secretariat. The Health Boards' membership represent a knowledgeable and diverse cross-section of the Ontario public who remain dedicated to performing a valuable public service and committed to fulfilling the Health Boards' legislated responsibilities.

I am honoured to work with such a wonderful team including staff and membership. We look forward to continuing to serve the public in 2017.



Janice Vauthier
Chair
Health Professions Appeal and Review Board
Health Services Appeal and Review Board
Ontario Hepatitis C Assistance Plan Review Committee

B. BOARD MANDATES

HEALTH PROFESSIONS APPEAL AND REVIEW BOARD

The Health Professions Appeal and Review Board (HPARB) is an independent adjudicative tribunal created by the *Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998*[1] that provides oversight to the regulated health professions of Ontario.

The HPARB is made up of members of the public, appointed by the Government of Ontario, none of whom can be or ever have been a member of any of the regulated health Colleges.

Under the *Regulated Health Professions Act, 1991* and the *Veterinarians Act*, the HPARB functions as a quasi-judicial adjudicative and regulatory tribunal with jurisdiction respecting the regulatory activities of twenty-seven Colleges governing twenty-nine regulated health professions (human and animal), and the practice privilege decisions of the Boards of Directors of 155 public hospitals. The Board also hears appeals from the decisions of the Accreditation Committees for pharmacies and veterinarian facilities.

During the past fiscal year, three regulatory health colleges were formally established to regulate their respective professions. The College of Homeopaths of Ontario and the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario were both proclaimed on April 1, 2015. The College of Naturopaths of Ontario was proclaimed on July 1, 2015. These colleges, which were previously transitional, will be regulated under the *Regulated Health Professions Act* with decisions of their Inquiries, Complaints and Reports Committees and Registration Committees being eligible for review under the HPARB mandate.

Regulated Health Professions in Ontario	
Audiology	Midwifery
Acupuncture	Naturopathy
Chiropody	Nursing
Chiropractic	Occupational Therapy
Dental Hygiene	Opticianry
Dental Technology	Optometry
Dentistry	Pharmacy
Denturism	Physiotherapy
Dietetics	Psychology
Homeopathy	Psychotherapy
Kinesiology	Respiratory Therapy
Massage Therapy	Speech-Language Pathology
Medical Laboratory Technology	Traditional Chinese Medicine
Medical Radiation Technology	Veterinary
Medicine	

The HPARB conducts hearings and reviews, and makes decisions, orders and recommendations regarding:

- Decisions of the Inquiries, Complaints and Reports Committees (ICRC) of the self-regulating health professions Colleges in Ontario;
- Decisions of the Complaints Committee of the College of Veterinarians of Ontario;
- Applications for professional registration that have been refused or restricted by Registration Committees of the Colleges;
- Physicians' hospital privileges under the *Public Hospitals Act*; and
- Accreditation of veterinary and pharmacy facilities.

[1] Statutes of Ontario, 1998, c.18

The HPARB can inquire into or make a decision concerning the constitutional validity of a provision of an Act or a regulation.

The majority of the work conducted by the HPARB involves appeals of the decisions made by the ICRC of the self-regulating health professions Colleges in Ontario under the *Regulated Health Professions Act* and decisions made by the Complaints Committee of the College of Veterinarians of Ontario under the jurisdiction of the *Veterinarians Act*. The HPARB has the authority under these Acts to:

i) Confirm or rescind all or part of the Committee's decision;
ii) Make recommendations to the Committee;
iii) Require the Committee to take further action.

The HPARB also reviews or holds hearings of health professional's applications for registration or the accreditation of pharmaceutical and veterinary facilities. The HPARB has the authority to:

i) Confirm the Registration Committee's order or proposed decision;
ii) Require the College to issue a certificate of registration or licence to the applicant, if he/she completes examinations or training required by the Registration Committee;
iii) Require the College to issue a certificate of registration or licence to the applicant, with any terms or limitations the Board considers appropriate, if the applicant qualifies for registration and if the Registration Committee has exercised its power improperly;
iv) Refer the matter back to the Registration Committee with recommendations.

The HPARB hears appeals with respect to practice privilege decisions of the boards of 155 public hospitals. The HPARB has the authority under the *Public Hospitals Act* to:

i) Confirm the decision;
ii) Direct the Hospital Board, person, or body making the decision to take such action as directed by the HPARB;
iii) Substitute its opinion for that of the Hospital Board, person or body making the decision.

A list of statutes under which appeals and reviews may be conducted by the HPARB can be found at www.hparb.on.ca. Regulations under the statutes that may affect proceedings before the HPARB may be found at www.e-laws.gov.on.ca.

HEALTH SERVICES APPEAL AND REVIEW BOARD

The Health Services Appeal and Review Board (HSARB) is an independent adjudicative tribunal created by the *Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998*[2] that hears and renders decisions on disputes that arise under health-related statutes.

The HSARB is made up of members of the public, appointed by the Government of Ontario, only three of whom can be members of the College of Physicians and Surgeons of Ontario.

While the majority of the work conducted by the HSARB falls under the jurisdiction of the *Health Insurance Act*, the HSARB has a review and appeal mandate under twelve different statutes, listed below:

HSARB Statutes of Authority		
Ambulance Act	*Health Insurance Act*	*Independent Health Facilities Act*
Commitment to the Future of Medicare Act	*Health Protection and Promotion Act*	*Laboratory and Specimen Collection Centre Licensing Act*
Healing Arts Radiation Protection Act	*Home Care and Community Services Act*	*Long-Term Care Homes Act*
Health Facilities Special Orders Act	*Immunization of School Pupils Act*	*Private Hospitals Act*

The HSARB conducts hearings and reviews, and makes decisions, orders and recommendations respecting appeals of the decisions of:

- The General Manager of the Ontario Health Insurance Plan (OHIP) respecting eligibility and payment, and practitioner billing;
- Community placement services regarding eligibility for placement in a long-term care facility;
- Community-based long-term care service providers regarding the scope and level of services provided;
- The minister and ministry officials regarding health facility licensing and municipal health boards' compliance with mandatory programs; and
- Public health officials regarding community health hazards and communicable diseases.

The HSARB cannot inquire into or make a decision concerning the constitutional validity of a provision of an Act or a regulation, however the courts have clarified that the HSARB is to apply "Charter values"[3] in interpreting legislation.

The HSARB has varied authority under the twelve different statutes for which it has an appeal or review mandate. The majority of the work conducted by the HSARB falls under the jurisdiction of the *Health Insurance Act*. The HSARB has the authority under the *Health Insurance Act* to:

i) Affirm or rescind the decision;
ii) Direct the General Manager to take such action as the Appeal Board considers the General Manager should take;
iii) Substitute its opinion for that of the General Manager.

[2] Statutes of Ontario, 1998, c.18
[3] *E. H. v. General Manager Ontario Health Insurance Plan* 2012 ONSC CanLII 5106

A list of statutes under which appeals may be conducted by the HSARB can be found at www.hsarb.on.ca. Regulations under the statutes that may affect proceedings before the HSARB may be found at www.e-laws.gov.on.ca.

ONTARIO HEPATITIS C ASSISTANCE PLAN REVIEW COMMITTEE

The Management Board of Cabinet established the Ontario Hepatitis C Assistance Plan (OHCAP) Review Committee (the Review Committee) on March 1, 1999. The Review Committee is an independent administrative tribunal, which operates at arms-length from the ministry and the OHCAP Program Office ("Program Office"). The Review Committee, comprised of members appointed by the minister, reviews decisions of the OHCAP Program Adjudicator respecting eligibility for benefits under that Plan.

Members of the public can apply to the OHCAP through the Ministry of Health for financial assistance if before January 1, 1986, or from July 2, 1990 to September 28, 1998:

- They contracted hepatitis C virus (HCV) through the blood system in Ontario;
- They were infected with HCV by a spouse, partner or mother who contracted HCV through the blood system in Ontario; or
- They are the personal representative of an estate of an individual who contracted HCV through the blood system in Ontario during the period covered by the Ontario Plan.

OHCAP Applicants, dissatisfied with a Program Office decision can request a review of that decision by the Review Committee. The Review Committee conducts a review of the initial application and Program Office decision, and determines the applicants' entitlement to the specified program benefit. The Review Committee can either confirm or reverse the initial decision of the OHCAP Program Adjudicator. The proceedings are not open to the public and decisions are confidential.

Refer to the Ministry of Health and Long-Term Care website at www.health.gov.on.ca under The Ontario Hepatitis C Assistance Plan for further information.

C. ACHIEVEMENTS OF THE BOARDS

Throughout the period of this annual report, the Health Boards (Health Professions and Health Services Appeal and Review Boards and the Ontario Hepatitis C Assistance Plan Review Committee) have worked diligently to continue providing accountable, transparent and efficient services while maintaining the integrity and fiscal responsibility expected of independent adjudicative agencies. In line with the Health Boards' mandate and jurisdiction, we highlight the following areas of achievement:

- **Access to Justice:**
    - The Health Boards are committed to providing equal access for parties in both official languages. Parties to matters before the Health Boards can receive all services and documentation in French and/or English. Decisions in both languages and key headnotes are made publically available online at the Canadian Legal Information Institute (CanLII) website. By these actions we ensure transparency with respect to party and public access to the services provided by the Boards and contribute to the Boards' commitment to provide fair, open, and accountable adjudication.

    - The Health Boards continue to adjudicate matters throughout the province in order to provide accessible services to the Ontario public. Most frequently, matters heard outside of Toronto were conducted in London, Ottawa, Windsor, Thunder Bay and Barrie. Additionally, the Health Boards will, in appropriate cases, conduct their proceedings in writing, by teleconference, or in combination, in an effort to ensure Ontarians access to justice.

    - Parties' access to case conference facilitation with Board members prior to hearings remains a key achievement of the Health Boards. Case facilitation provides an opportunity for the parties to better understand and clarify the Boards' mandate and jurisdiction and can result in quicker hearings and early resolution of appeals. Case conference facilitations continue to result in more efficient hearing and review proceedings as parties have a better understanding of the Board's role and are well equipped to present their arguments to the panel adjudicating the matter.

    - The Health Boards have created an informative media policy which will be made available on the Health Boards' public websites to inform the media and the public of the Boards' open proceedings and availability of publically posted Board decisions on the CanLII website. The policy also includes information regarding who members of the public or media should contact regarding interview requests or other access to information queries.

    - The Health Boards engage in ongoing outreach to improve the public's understanding of their processes, to increase access to justice and to maintain open communication with stakeholders. Senior members of the Health Boards have, when requested, participated in and spoken at various conferences and educational sessions and provided general information about the Health Boards' varied mandates and processes. The Health Boards also continue to work with the headnote/clerking program organized by Pro bono Students Canada which provides learning opportunities for students, and a valuable resource of panel support and increased access to the work of the boards through the publically posted headnotes. The Health Boards also maintain an ongoing and open dialogue with the Federation of Health Regulatory Colleges of Ontario (FHRCO), the General Manager of the Ontario Health Insurance Plan and individual regulatory health colleges and the general public on an as needed basis when considering process or policy changes or to improve clarity relating to the Health Boards' jurisdiction.

- **Accessibility:**
    - The Health Boards are committed to upholding the principles outlined in the *Accessibility for Ontarians with Disabilities Act*, 2005[4] by ensuring that people with disabilities have the same opportunity to access and benefit from the Boards' services as others. The Health Boards have met the requirements set out in the Accessibility Standards for Customer Service and continue to ensure the public's accessibility needs are met through customer feedback and applying currently available and accepted best practices.

- **Accountability:**

Service Delivery:

- Continuing with our commitment to improve service delivery and reduce resolution times, over 80% of cases brought forward to the Health Boards are resolved in less than one year.

- Technology is a key element in improving service delivery. As such, we continue to focus on using technology for the distribution and receipt of materials which can aid in the efficiency of communication and document exchange by the parties and is undertaken through secure electronic methods to ensure the privacy of the health related information being exchanged.

- The Health Boards continue to prioritize transparency as an important measure of accountability and has consolidated each Health Boards' Rules of Practice and Procedure into one set of Rules which is made available in both English and French on the Boards' websites. The Health Boards' Consolidated Rules are further supported by 19 Practice Directions which are also available on the Health Boards websites and outline in greater detail the policies and processes practiced by the Boards and what steps a party or a member of the public may take with regard to those processes.

- The Health Boards continue to convene case conferences facilitations for all matters before the Boards to ensure the parties understand the Boards' jurisdiction and the associated processes and to provide a confidential setting to discuss issues and identify areas of agreement. During this past fiscal year, the Health Boards have streamlined its Case Conference process through greater use of Board Vice-Chairs, ensuring that a more comprehensive understanding of Board practices and schedules are available to parties.

Fiscal Responsibility:

- Continuing with our commitment to improving our cost effectiveness without affecting service delivery, we continue to focus on technology as highlighted in the service delivery section above.

- Fluctuating operational costs that change with variations in caseload activity are often offset through the utilization of a skilled and experienced membership, the optimization of regional member resources, and the focus on efficient and effective case management use of IT resources and dedicated member training and education sessions.

- Costs associated with Board travel have increased in line with a correlating increase in the number of matters of proceedings which are conducted in major centres throughout the province. The Health Boards remain committed to ensuring a high value for dollar by booking the most economical travel and accommodation options and flexible adjudicative venues to accommodate parties should they require a change of date.

[4] Statutes of Ontario, 2005, c. 11

- **Member Recruitment and Development:**
    - The Health Boards' membership base has fluctuated over the past fiscal year with some members reaching their 10 year appointment maximum term (as stipulated by the *Adjudicative Tribunals Accountability, Governance and Appointments Act, 2009*) and consequently no longer being an appointed member of the Board(s). The addition of seven new members appointed in the fall and winter of 2015 - three of whom were cross appointed to both Health Boards - supports the Chair's long-term vision for a knowledgeable, high-quality and efficient adjudicative process.

    - Member appointment recommendations continue to reflect the geographical, cultural and language diversity of the province to ensure a membership representative of the Ontario public and an experienced and knowledgeable membership base. The fulfillment of the HPARB Vice-Chair Order-in-Council vacancy has provided the HPARB with an experienced senior member resource to assist in all aspects of the Board's processes. It is anticipated that further membership recruitment will take place during the fiscal year of 2016-2017 which will enable the Health Boards to continue to provide an accessible and timely service to the Ontario public.

    - Regular training and educational opportunities have been conducted over the past fiscal year including two All Member Training events, Case Conference Facilitation training, Designated Panel Chair training, Registration application training as well as introductory training for new members appointed in 2015-2016. Members have also been encouraged to complete the online Governance Training coordinated by the Treasury Board Secretariat. In addition to structured training events, experienced board members continue to mentor new members on board jurisdiction, best practices and administrative responsibilities.

    - Additional external trainings can be provided when determined appropriate by the Chair and provided by a reputable resource such as the Society of Ontario Adjudicators and Regulators, the Canadian Institute for the Administration of Justice, the Law Society of Upper Canada or the Medico-Legal Society of Toronto. These training opportunities ensure the Health Boards remain current on best practices within the adjudicative community and offer an opportunity for increased knowledge sharing within the membership and at upcoming internal membership training opportunities.

    - The Health Boards' membership are regularly provided legislative and other updates related to the mandate of the Board(s) and ongoing Board or wider community projects and research. During the past fiscal year this has included the provision of information by the HPARB, upon the request of the Minister's Task Force on the Prevention of Sexual Abuse of Patients. The Health Boards continue to await the finalization and application of regulatory health practitioner standards as it relates to Physician Assisted Dying in Ontario.

D. HEALTH PROFESSIONS APPEAL AND REVIEW BOARD PERFORMANCE

HPARB OPERATIONAL PERFORMANCE

The HPARB is an independent adjudicative tribunal with jurisdiction respecting the regulatory activities of twenty-seven Colleges governing twenty-nine regulated (human and animal) health professions, and the practice privilege decisions of the boards of one hundred and fifty-five public hospitals. The Board also hears appeals from the decisions of the Accreditation Committees for pharmacies and veterinarian facilities.

The HPARB purpose is to conduct hearings and reviews, and to make decisions, orders, and recommendations regarding:

- Decisions made by the Inquiries, Complaints and Reports Committees (ICRC) of the self-regulating health professions Colleges in Ontario;
- Decisions made by the Complaints Committee of the College of Veterinarians of Ontario;
- Orders of the Registration Committees of the Colleges;
- Physicians' hospital privileges under the *Public Hospitals Act* (PHA); and
- Accreditation of veterinary and pharmacy facilities.

HPARB Recent Activity				
April 1, 2015 – March 31, 2016	**Intake**	**Case Conferences Convened**	**Matters Heard**	**Decisions Issued**
Complaint Reviews	664	571	533	507
Registration - Hearings	38	34	10	6
Registration - Reviews	135	122	69	53
Accreditation Matters	0	1	0	0
***Public Hospitals Act* Hearings & Motions**	0	0	2	0
Section 26 *Veterinarians Act*/ Section 28 RHPA Procedural Code [5]	3	N/A	N/A	1
Total	**840**	**728**	**614**	**567**

[5] Section 26 – *Veterinarians Act* applications and Section 28 – RHPA Procedural Code applications are considered through written submissions and followed by a final Order of the Board.

HPARB Intake Statistics

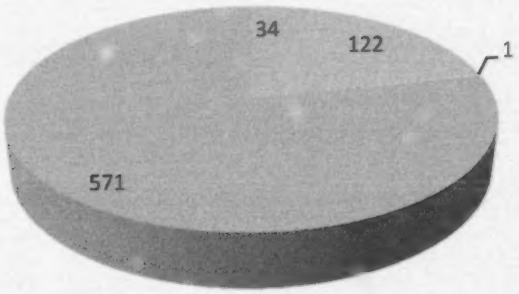
HPARB Intake by Case Type					
Case Type	**2011/2012**	**2012/2013**	**2013/2014**	**2014/2015**	**2015/2016**
Complaint Review	629	586	587	628	664
Public Hospitals Act	5	6	3	4	0
Registration – Hearing	22	28	57	39	38
Registration – Review	80	62	73	91	135
Section 26 Application – *Veterinarians Act*	0	0	0	13	0
Section 28 Application – *RHPA Procedural Code*	25	12	45	10	3
Accreditation	3	0	4	1	0
Total HPARB Intake	**764**	**694**	**769**	**786**	**840**

HPARB Intake by College: Complaint Reviews					
College	**2011/2012**	**2012/2013**	**2013/2014**	**2014/2015**	**2015/2016**
College of Physicians and Surgeons of Ontario	69%	72%	59%	64.5%	66%
College of Nurses of Ontario	7.5%	3%	17.5%	6%	5.5%
Royal College of Dental Surgeons of Ontario	9%	9%	8%	10%	9.5%
College of Pharmacists of Ontario	2%	0.5%	2%	5.5%	2.5%
College of Veterinarians of Ontario	3.5%	3%	2%	3.5%	3.5%
College of Psychologists of Ontario	2%	3%	1.5%	3%	3%
Other Colleges	7%	9.5%	10%	7.5%	10%
Total Complaint Review Intake	**629**	**586**	**587**	**628**	**664**

HPARB Intake by College: Registration Matters					
College	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
College of Nurses of Ontario	74%	86%	80.5%	78%	81%
College of Trad. Chinese Medicine Practitioners and Acupuncturists of Ontario	N/A	N/A	0%	5.5%	1%
College of Psychologists of Ontario	4%	7%	1.5%	5%	5%
College of Physicians and Surgeons of Ontario	10%	1%	5%	4%	4%
College of Audiologists & Speech Lang. Path. of Ont.	1%	0%	0%	1.5%	0.5%
College of Dietitians of Ontario	0%	2%	1%	1%	0.5%
College of Denturists of Ontario	2%	0%	0%	1%	0%
College of Veterinarians of Ontario	0%	0%	0%	1%	0.5%
Other Colleges	9%	4%	11.5%	3%	7.5%
Total Registration Matter Intake	102	90	130	130	173

HPARB EVENTS & ACTIVITY

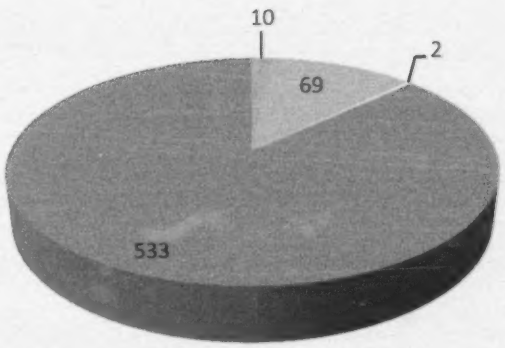
HPARB CASE CONFERENCES CONVENED BY CASE TYPE



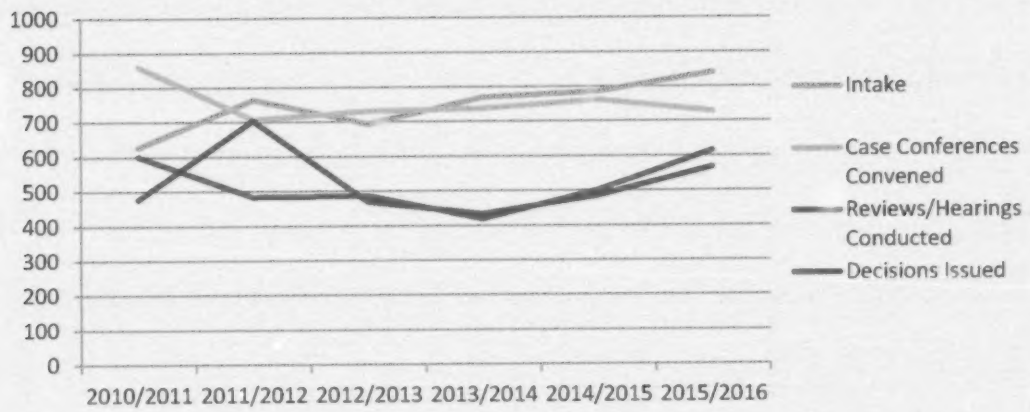
- Registration Hearing (34)
- Registration Review (122)
- PHA Hearing (1)
- Accreditation Review (1)
- Complaint Review (571)

HPARB REVIEWS / HEARINGS CONVENED BY CASE TYPE

- Registration Hearing (10)
- Registration Review (69)
- PHA Hearing and Motion (2)
- Complaint Review (533)



TRENDS IN HPARB CASE ACTIVITY



HPARB COMPLAINT REVIEW CASELOAD & DISPOSITION STATISTICS

HPARB Complaint Review Caseload Summary					
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Active Caseload at Beginning of Period	703	546	527	536	636
Intake	629	586	587	628	664
Total Caseload	**1,332**	**1,132**	**1,114**	**1,164**	**1,300**
Decisions Issued	619	400	384	408	507
Resolved [6]	122	173	155	73	168
Matters Closed [7]	45	32	39	47	77
Total Matters Disposed Of	**786**	**605**	**578**	**528**	**752**
Active Caseload at End of Period	**546**	**527**	**536**	**636**	**548**

HPARB Complaint Review Dispositions [8]					
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Confirmed	85%	91.5%	89.5%	92%	92%
Returned	15%	8.5%	10.5%	8%	8%
Total Decisions Issued	**619**	**400**	**384**	**408**	**507**

[6] Previously reported as withdrawn. Change in terminology reflects activity of Board and Staff Members in focus of early resolution of matters.

[7] Includes those cases not proceeded with due to timeliness, frivolous and/or vexatious, ineligible request, no jurisdiction, dismissed and administrative closures.

[8] The HPARB does not render a decision on the date of a review/hearing and therefore the number of dispositions issued in a year may not match the total matters conducted.

HPARB REGISTATION MATTERS CASELOAD & DISPOSITIONS

HPARB Registration Matter Caseload					
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Active Caseload at Beginning of Period	70	57	63	98	101
Intake	102	90	130	130	173
Total Caseload	**172**	**147**	**193**	**228**	**274**
Decisions Issued	64	51	41	71	59
Resolved [9]	40	29	31	36	62
Matters Closed [10]	11	4	23	20	25
Total Matters Concluded	**115**	**84**	**95**	**127**	**146**
Active Caseload at End of Period	**57**	**63**	**98**	**101**	**128**

HPARB Registration Matter Dispositions [11]					
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Confirmed	83%	92%	90%	76%	83%
Returned	17%	8%	10%	24%	17%
Total Decisions Issued	**64**	**51**	**41**	**71**	**59**

[9] Previously reported as withdrawn. Change in terminology reflects activity of Board and Staff Members in focus of early resolution of matters.

[10] Includes those cases not proceeded with due to timeliness, frivolous and/or vexatious, ineligible request, no jurisdiction, abandonment, dismissed and administrative closures.

[11] The HPARB does not render a decision on the date of a review/hearing and therefore the number of dispositions issued in a year may not match the total matters conducted.

HPARB RECOMMENDATIONS

In fulfilling its public interest mandate, the HPARB has power to make recommendations in complaint and registration dispositions to the Inquiries, Complaints and Reports Committees and the Registration Committees of the Colleges of the Regulated Health Professions[12] and the Complaints Committee of the College of Veterinarians of Ontario[13]. Recommendations identify concerns in Colleges' process and/or policy and generally, the HPARB finds that the Colleges are responsive making the recommended changes.

Two such dispositions issued by the Board during the last fiscal year have been outlined below and provide an example of the type of recommendations that may be included within a HPARB decision. The full Board decision in these matters can be found on the Canadian Legal Information Institute website at www.canlii.org.

In the matter of 14-CRV-0151 the complaint made against the physician related to the completeness of a review of all images (in this particular matter, CT scans) and the application of those images to the patient's clinical history. The Board panel which issued its Decision and Reasons in this matter on June 1, 2015 confirmed "...the Committee's decision to issue a written caution to the Applicant [physician] with respect to ensuring complete review of all images and associating the images with the patient's clinical history..." The Board also recommended "...that in the future, when fulfilling its mandate under section 26(2) of the *Code*[14], the Committee should consider the full text of all available prior decisions involving the member."

The Order and Reasons made by the Board panel following a registration review in the matter of 15-RRV-0124 confirmed in that "...Pursuant to section 22(6) 4 of the *Code*, the Board returns this matter to the Committee to reconsider whether the Applicant has demonstrated language proficiency under section 3(1)5 of the Regulation." The panel also recommended that "...whenever the Committee's disposition pertains to the completion of approved language proficiency tests that reference be made to the benefits of preparation courses. This will better ensure that results reflect substantive proficiency and that a high standard of fairness prevails in the assessment of language requirements." This decision and recommendation of the Board was issued on December 14, 2015.

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[12] Section 35(1) of the *Health Professions Procedural Code*, Schedule 2 to the *Regulated Health Professions Act*, 1991, Statutes of Ontario, 1991, c.18

[13] Section 27(1) of the *Veterinarians Act*, Revised Statutes of Ontario, 1990, c. V.3

[14] The *Health Professions Procedural Code* (the *Code*), being Schedule 2 to the Regulated Health Professions Act, 1991

HPARB FINANCIAL PERFORMANCE

HPARB Financial Performance					
DESCRIPTION	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
FINANCIAL PERFORMANCE [15]					
PER DIEM HONORARIA [16]					
Attendance at Proceedings [17]	289,615	287,409	239,572	257,392	335,202
Preparation for Proceedings	243,765	279,726	238,767	243,922	317,000
Decision Writing	499,210	407,715	363,834	373,215	451,017
Disclosure	244,870	244,631	219,383	231,055	211,989
Board Education & Administration [18]	275,562	268,961	253,154	226,060	279,598
Case Conference	134,661	159,143	143,232	114,466	155,228
PROCEEDINGS: RELATED EXPENSES					
Court Reporting Services	6,395	5,382	3,135	3,741	10,658
OTHER EXPENSES					
Independent Legal Services	201,975	198,222	208,386	173,140	193,925
Communications [19]	183,394	117,586	29,047	43,608	32,500
Travel [20]	142,140	112,128	131,209	99,405	162,771
TOTAL	$2,221,587	$2,080,903	$1,829,719	$1,766,004	$2,149,888

[15] All figures in Canadian dollars, rounded to the nearest dollar.
[16] Public Member: $398; Vice-Chair: $491
[17] Includes attendance, deliberation and cancellations.
[18] Includes education, administration, travel time and all Board/Committee meetings.
[19] Includes language and sign interpretation, assistive listening devices, translation, printing, copying, access fees, mailing, telephone, teleconference and office supplies. As of 2013-14, mailing charges are no longer reflected in the description 'Communications' but are captured in the Health Boards Secretariat's overall operating costs.
[20] Includes cost of travel expenses, accommodation and facility rental. Travel expenses have been isolated from communications.

E. HEALTH SERVICES APPEAL AND REVIEW BOARD PERFORMANCE

HSARB OPERATIONAL PERFORMANCE

The HSARB is an independent adjudicative tribunal that hears and renders decisions on disputes that arise under specific health-related statutes.

The HSARB is established to conduct hearings and reviews, and to make decisions, orders, and recommendations regarding:

- Decisions of the Ontario Health Insurance Plan respecting eligibility and payment;
- Decisions of agencies under the *Home Care and Community Services Act, 1994* respecting eligibility for service;
- Orders of the Medical Officer of Health or public health inspectors;
- Decisions of the Director with respect to licensing under the *Long-Term Care Homes Act; 2007*;
- Decisions of the Director with respect to licensing of independent health facilities.

HSARB Recent Activity				
April 1, 2015 – March 31, 2016	**Intake**	**Case Conferences Convened**	**Matters Heard**	**Decisions Issued**
Health Insurance Act	217	173	77	94
Independent Health Facilities Act	5	16	1	0
Health Protection and Promotion Act	6	10	1	1
Home Care and Community Services Act	22	35	7	7
Long-Term Care Homes Act	3	5	0	0
Immunization of School Pupils Act	1	0	0	0
Healing Arts Radiation Protection Act	1	0	0	0
TOTAL	**255**	**239**	**86**	**102**

HSARB INTAKE STATISTICS

HSARB Intake by Act					
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Health Insurance Act	302	344	383	249	217
Health Protection and Promotion Act	9	17	12	12	6
Home Care and Community Services Act	11	11	9	11	22
Independent Health Facilities Act	8	9	10	16	5
Long-Term Care Homes Act	6	8	3	7	3
Commitment to the Future of Medicare Act	1	1	0	0	0
Immunization of School Pupils Act	4	1	1	0	1
Ambulance Act	0	0	0	0	0
Healing Arts Radiation Protection Act	0	0	0	0	1
Health Facilities Special Orders Act	0	0	0	0	0
Laboratory and Specimen Collection Centre Licensing Act	0	0	0	0	0
Long-Term Care Act	0	0	0	0	0
Private Hospitals Act	0	0	0	0	0
Total Intake	**341**	**391**	**418**	**295**	**255**

HSARB *HEALTH INSURANCE ACT* CASELOAD

The Board tracks the appeals before it under the *Health Insurance Act* using two categories:

- "**Eligibility**" appeals, relating to appeals involving people who are seeking to be deemed eligible for medical coverage as an insured person under the Ontario Health Insurance Plan, and
- "**Subscriber**" appeals, relating to requests for reimbursement or prior approval for health services received or to be received inside or outside of Ontario.

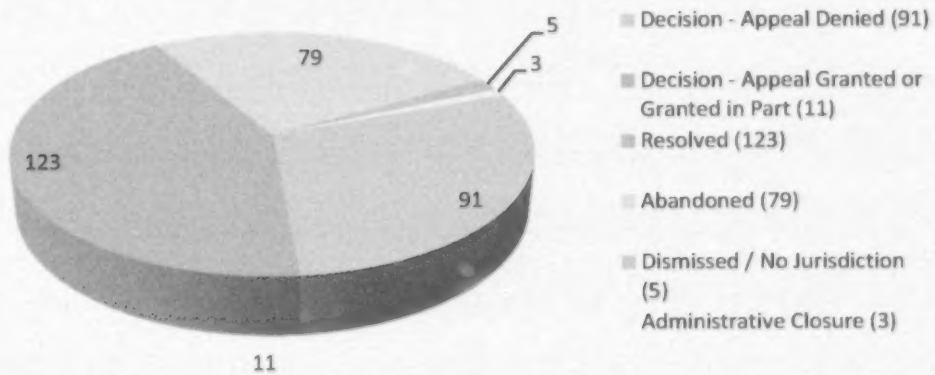
HIA Appeals by Category					
	2011/2012	**2012/2013**	**2013/2014**	**2014/2015**	**2015/2016**
Intake					
Subscriber	243	267	335	185	158
Eligibility	59	77	48	64	59
TOTAL	**302**	**344**	**383**	**249**	**217**
Appeals Heard					
Subscriber	137	102	48	92	62
Eligibility	14	6	12	15	15
TOTAL	**151**	**108**	**60**	**107**	**77**
Decisions Issued [21]					
Subscriber: Granted or Granted in Part	22	13	8	8	10
Subscriber: Denied	153	65	54	52	64
Eligibility: Granted or Granted in Part	4	0	2	1	1
Eligibility: Denied	15	7	7	7	19
TOTAL	**194**	**85**	**71**	**68**	**94**

[21] The HSARB does not render a decision on the date of a hearing and therefore the number of decisions issued in a year may not match the total matters conducted.

HSARB CASELOAD & DISPOSITION STATISTICS

HSARB Caseload Summary					
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Active Caseload at Beginning of Period [22]	457	309	324	243	215
Intake	341	391	418	295	255
Decisions Issued	196	87	77	73	102
Appeals Resolved [23]	155	160	283	164	123
Matters Closed [24]	138	129	139	86	87
Active Caseload at End of Period	**309**	**324**	**243**	**215**	**158**

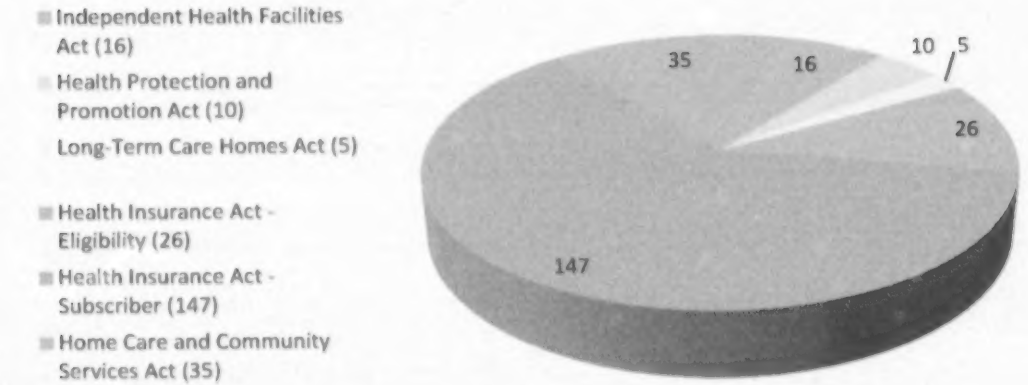
HSARB MATTERS CLOSED 2015 / 2016



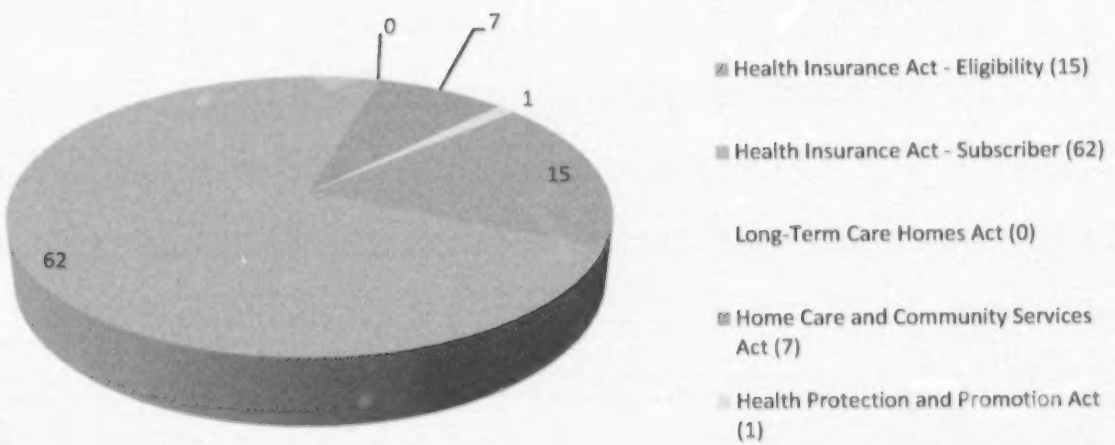
[22] Active Caseload at the beginning of the period is equal to the carry-over of active applications from the previous year.
[23] Previously reported as withdrawn. Change in terminology reflects activity of Board and Staff Members in focus of early resolution of matters.
[24] Matters Closed includes those matters administratively closed, dismissed, settled, abandoned or not within the Board's jurisdiction.

HSARB EVENTS & ACTIVITIES

HSARB CASE CONFERENCES CONVENED BY CASE TYPE



HSARB REVIEWS/HEARINGS CONDUCTED BY CASE TYPE



HSARB FINANCIAL PERFORMANCE

HSARB Financial Performance					
FINANCIAL PERFORMANCE [25]					
DESCRIPTION	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
PER DIEM HONORARIA[26]					
Attendance at Proceedings [27]	125,343	85,915	60,340	78,701	83,499
Preparation for Proceedings	81,904	65,816	43,188	58,377	52,059
Decision Writing	128,409	103,907	72,003	62,491	76,109
Board Education & Administration [28]	104,986	128,488	101,048	89,704	59,620
Case Conferences	91,816	88,388	110,922	95,765	112,959
PROCEEDINGS: RELATED EXPENSES					
Court Reporting Services	31,970	27,622	16,552	17,784	18,847
OTHER EXPENSES					
Independent Legal Services	167,835	171,571	170,478	127,050	138,600
Communications [29]	102,476	88,541	27,300	21,750	17,898
Travel [30]	45,599	27,208	30,967	30,412	31,836
TOTAL	$880,338	$787,456	$632,798	$582,034	$591,427

[25] All figures in Canadian dollars, rounded to the nearest dollar.
[26] Public Member: $398; Vice-Chair: $491
[27] Includes attendance, deliberation and cancellations.
[28] Includes education, administration, travel time and all Board/Committee meetings.
[29] Includes language and sign interpretation, assistive listening devices, translation, printing copying, access fees, mailing, telephone, teleconference and office supplies. As of 2013-14, mailing charges are no longer reflected in the description 'Communications' but are captured in the Health Boards Secretariat's overall operating costs.
[30] Includes cost of travel expenses, accommodation and facility rental. Travel expenses have been isolated from communications.

F. ONTARIO HEPATITIS C ASSISTANCE PLAN REVIEW COMMITTEE PERFORMANCE

OHCAP REVIEW COMMITTEE OPERATIONAL PERFORMANCE

The OHCAP Review Committee is an independent administrative tribunal, which operates at arms-length from the Ministry of Health and Long-Term Care and the OHCAP Program Office. The Committee reviews decisions of the OHCAP Program Adjudicator respecting eligibility for benefits under that Plan.

OHCAP Review Committee Caseload Summary					
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Active Caseload at Beginning of Period	16	10	6	7	1
Requests Received	10	14	6	3	4
Total Caseload	26	24	12	10	5
Decisions Issued	13	13	2	6	1
Matters Closed [31]	3	5	3	3	0
Active Caseload at End of Period	10	6	7	1	4

OHCAP REVIEW COMMITTEE FINANCIAL PERFORMANCE

OHCAP Review Committee Financial Performance [32]					
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Per Diem Honoraria [33]	15,821	13,333	6,467	8,456	4,477
Other Expenses	1,053	1,448	394	429	184
Total	$16,874	$14,781	$6,861	$8,885	$4,661

[31] Includes those matters resolved, abandoned or administratively closed.

[32] All figures in Canadian dollars, rounded to the nearest dollar.

[33] For the period of April 1, 2009 to March 31, 2016: Public Member - $398

G. COMBINED BOARD ACTIVITY

Combined Health Boards Active Caseload					
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
HPARB	625	598	643	734	764
HSARB	309	324	243	215	158
OHCAP RC	10	6	7	1	4
Total	**944**	**928**	**893**	**950**	**926**

Combined Health Boards Intake					
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
HPARB	764	694	769	786	840
HSARB	341	391	418	295	255
OHCAP RC	10	14	6	3	4
Total	**1,115**	**1,099**	**1,193**	**1,084**	**1,099**

H. MEMBERSHIP

HPARB Membership List as at March 31, 2016					
Last Name	First Name	OIC Original Start Date	OIC Expiration Date	Position	Location
Ball	Katherine	21-Oct-15	20-Oct-17	Public Member	Toronto
Bates*	Timothy	28-Jul-10	27-Jul-17	Public Member	Toronto
Beamish*	James T.	02-Dec-09	01-Dec-19**	Public Member	Toronto
Bélanger-Hardy*	Louise	20-Jun-07	24-Mar-19**	Public Member	Ottawa
Bossin*	Michael	07-Mar-07	06-Mar-17	Public Member	Ottawa
Brown*	L. Craig	21-Oct-15	20-Oct-17	Public Member	Toronto
Burstyn*	Marla K.	11-Mar-09	10-Mar-17	Public Member	Toronto
Cohen	Sheldon	22-Dec-05	21-Dec-16	Public Member	Toronto
D'Amours*	Marc	18-Feb-09	17-Feb-19	Public Member	Champlain
Dault*	James F.	20-Jun-07	19-Jun-16	Public Member	Barrie
Denov	Celia	05-Jan-06	04-Jan-17	Public Member	Toronto
Downing*	Beth	02-Dec-09	01-Dec-19**	Public Member	Oakville
Farha*	Soraya	11-Mar-09	10-Mar-19	Public Member	Toronto
Foda	Rabiz	27-Jun-07	26-Jun-17**	Public Member	Mississauga
Fricot*	Yves	12-Aug-15	11-Aug-17	Public Member	Thunder Bay
Giroux*	François	14-Nov-12	13-Nov-17**	Public Member	Ottawa
Goldberg*	Bonnie	13-Feb-08	12-Feb-18	Public Member	Toronto
Grant*	Norma D.	03-Sep-08	02-Sep-18	Public Member	Toronto
Gruben*	Vanessa	02-Dec-09	01-Dec-19	Public Member	Ottawa
Heyninck*	Emanuela	15-Sep-10	14-Sep-20**	Public Member	London
Jovanovic*	Stephen	30-May-06	10-Mar-19	Public Member	Windsor
Kearns*	Douglas	15-Jan-16	14-Jan-18	Public Member	Blind River
Kelly*	Thomas J.J.	15-Dec-05	14-Dec-16	Public Member	London
Kovanchak*	Stephen G.	08-Apr-09	07-Apr-19	Public Member	Thunder Bay
Lobu*	Taivi	11-Apr-06	23-Feb-18	Vice-Chair	Toronto
McKelvey	Darcie	13-Feb-08	12-Feb-18	Public Member	Caledon
Moss*	Christine T.	10-Feb-16	09-Feb-18	Vice-Chair	Toronto
Ouellet*	Sonia	07-Mar-07	06-Mar-17	Public Member	Ottawa
Petryna	Brenda	10-Aug-06	09-Aug-16	Public Member	Sudbury
Proulx*	Chantal	18-Feb-09	17-Feb-17	Public Member	Ottawa
Ryan Elliott*	Kathleen	07-Mar-07	06-Mar-17	Public Member	Cobourg
Sanchez de Malicki	Elvira	28-May-08	27-May-18	Public Member	Toronto
Scrimshaw*	David	20-Jun-12	19-Jun-17	Public Member	Ottawa
Siddiqui*	Yasmeen	12-May-10	11-May-20**	Public Member	Toronto
Sossin*	Lorne	25-Oct-06	24-Oct-16	Public Member	Toronto
Stanton*	Kim	01-Aug-12	31-Jul-17	Public Member	Toronto
Steele*	Robert L.	08-Oct-08	07-Oct-18	Public Member	Burlington
St-Hilaire*	Gabrielle	30-Apr-08	29-Apr-18	Public Member	Ottawa
Tye*	Hugh	16-Apr-08	15-Apr-18	Public Member	Hamilton
Vauthier*	Janice H.	11-Jun-14	10-Jun-16	Chair	Thunder Bay
Vauthier*	Janice H.	15-Dec-05	23-Feb-18	Vice-Chair	Thunder Bay

*Cross-appointed to the HSARB

** Beginning in the 2012 fiscal year, reappointments of members are made in accordance with the provisions of O. Reg 88/11 of the *Adjudicative Tribunal Accountability, Governance and Governance and Appointments Act.*

HSARB Membership List as at March 31, 2016					
Last Name	First Name	OIC Original Start Date	OIC Expiration Date	Position	Location
Bates*	Timothy	28-Jul-10	27-Jul-17**	Public Member	Toronto
Beamish*	James T.	02-Dec-09	01-Dec-19	Public Member	Toronto
Bélanger-Hardy*	Louise	25-Mar-09	24-Mar-19	Public Member	Ottawa
Bossin*	Michael	23-Mar-11	22-Mar-21**	Public Member	Ottawa
Brown*	L. Craig	21-Oct-15	20-Oct-17	Public Member	Toronto
Burstyn*	Marla K.	03-Nov-04	10-Mar-17	Public Member	Toronto
D'Amours*	Marc	18-Feb-09	17-Feb-19	Public Member	Champlain
Dault*	James F.	02-Dec-09	01-Dec-19**	Public Member	Barrie
Downing*	Beth	15-Jul-05	14-Jul-16	Public Member	Oakville
Farha*	Soraya	03-Mar-04	02-Mar-17	Public Member	Toronto
Fricot*	Yves	12-Aug-15	11-Aug-17	Public Member	Thunder Bay
Giroux*	François	14-Nov-12	13-Nov-17**	Public Member	Ottawa
Go*	Avvy Yao-Yao	18-Apr-11	17-Apr-16	Public Member	Toronto
Goldberg*	Bonnie	23-Mar-11	22-Mar-21**	Public Member	Toronto
Grant*	Norma D.	23-Mar-11	22-Mar-21**	Public Member	Toronto
Gruben*	Vanessa	02-Dec-09	01-Dec-19	Public Member	Ottawa
Heyninck*	Emanuela	15-Sep-10	14-Sep-20**	Public Member	London
Jovanovic*	Stephen	11-Mar-09	10-Mar-19	Public Member	Windsor
Kearns*	Douglas	15-Jan16	14-Jan-18	Public Member	Blind River
Kelly*	Thomas J.J.	11-Mar-09	17-Jul-17**	Vice-Chair	London
Kovanchak*	Stephen G.	08-Apr-09	07-Apr-19	Public Member	Thunder Bay
Lobu*	Taivi	11-Mar-09	10-Mar-19	Public Member	Toronto
Moss*	Christine T.	01-Feb-99	22-Mar-19**	Public Member	Toronto
Mullan	Elizabeth A.	15-Apr-03	14-Apr-16	Public Member	Toronto
Ouellet*	Sonia	03-May-10	02-May-20**	Vice-Chair	Ottawa
Powell	Ucal	21-Oct-15	20-Oct-17	Public Member	Vaughan
Proulx*	Chantal	18-Feb-09	17-Feb-17	Public Member	Ottawa
Ryan Elliott*	Kathleen	23-Mar-11	22-Mar-21**	Public Member	Cobourg
Schofield	Michel	4-Nov-15	3-Nov-17	Public Member	Etobicoke
Scrimshaw*	David	20-Jun-12	19-Jun-17**	Public Member	Ottawa
Siddiqui*	Yasmeen	12-May-10	11-May-20**	Public Member	Toronto
Snow	Debbie	21-Oct-15	20-Oct-17	Public Member	Toronto
Sossin*	Lorne	11-Mar-09	10-Mar-19	Public Member	Toronto
Stanton*	Kim	01-Aug-12	31-Jul-17	Public Member	Toronto
Steele*	Robert L.	23-Mar-11	22-Mar-21**	Public Member	Burlington
St-Hilaire*	Gabrielle	11-Mar-09	10-Mar-19	Public Member	Ottawa
Tye*	Hugh	23-Mar-11	22-Mar-21**	Public Member	Hamilton
Vauthier*	Janice H.	11-Jun-14	10-Jun-16	Chair	Thunder Bay
Vauthier*	Janice H.	11-Mar-09	10-Mar-19	Public Member	Thunder Bay

*Cross-appointed to the HPARB

** Beginning In the 2012 fiscal year, reappointments of members are made in accordance with the provisions of O. Reg 88/11 of the *Adjudicative Tribunal Accountability, Governance and Governance and Appointments Act.*

OHCAP Review Committee Membership List as at March 31, 2016					
Last Name	**First Name**	**OIC Original Start Date**	**OIC Expiration Date**	**Position**	**Location**
Vauthier	Janice H.	11-Jun-14	10-Jun-16	Chair	Toronto
O'Neil	Kathleen	28-Aug-08	30-Sep-17	Committee Member	Toronto
Strevens	Linda	31-Jul-09	30-Sep-17	Committee Member	Toronto

I. HEALTH BOARDS SECRETARIAT STAFF

Health Boards Secretariat Staff List as at March 31, 2016		
Last Name	**First Name**	**Position**
van der Vliet	Sara	Registrar
Evora	Sandra	Deputy Registrar
Dunscombe	Anna	A/ Executive Assistant and Researcher
Chutkaë	Kamyla	Scheduler and Administration Assistant
Demyanenko	Natalya	Case Management Coordinator
Aberra	Alpha	Bilingual Case Officer
Baker	Maureen	Case Officer
Bolinas	Margaret	Case Officer
Clifford	Andrew	Case Officer
Cull	Randi	Case Officer
Moskowitz	Natalie	Case Officer
Sequeira	Glenn	Case Officer
Persaud	Shanti	Administrative Coordinator
Ashton	Desiree	Administrative Assistant
Ing	Ann	Administrative Assistant
Sarfo	Tiffany	A/ Administrative Assistant
Steele	Joy	A/ Administrative Assistant
Bhavsar	Suketu	A/ Sr. Technology/Business Systems Administrator
Patel	Ketan	Systems Analyst/Programmer
Watin	Aldeen	Sr. Systems Analyst/ Lead Programmer